BEST AVAILABLE CODY

Application of Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								Small entity			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			റ്റ് minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=	,	OR	+270=	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL	<u>,</u>	OR	TOTAL	710,-
CLAIMS AS AMENDED - PART II								, , , , ,	<u> 19 / </u>	J <b>O</b> . 1	OTHER	
		(Column 1)	<u>1</u>	(Colur		(Column 3)	) )	SMALLE		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· W	Minus	** 6		=		X\$ 9=		OR	X\$18=	
	Independent	* B	Minus	***	3	<u>                                     </u>		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<b>4</b>	Minus	t t		=		X\$ 9=		OR	X\$18=	
AME	Independent	#	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE 🛚		J <b>O</b> . (	ADDIT. FEE	<u> </u>
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T 01 4114	-		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDI								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***	If the "Highest Nu	mber Previously Pa ber Previously Pa	aid For" IN THI id For" (Total o	S SPACE r Independ	is less tha lent) is the	an 3, enter "3." e highest numb	er fou	und in the app	propriate box	ı		
			<u></u>			ILABILE						